

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589476

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51	51	51	51	51	51	51
2		1		1		1	52						
3		2		1		1	53						
4		0		1		1	54						
5		0		1		1	55						
6		0		1		1	56						
7		0		1		1	57						
8		0		1		1	58						
9		0		1		1	59						
10		0		1		1	60						
11		0		1		1	61						
12		0		1		1	62						
13		0		1		1	63						
14		0		1		1	64						
15		0		1		1	65						
16		0		1		1	66						
17		0		1		1	67						
18		0		1		1	68						
19		0		1		1	69						
20		0		1		1	70						
21		0		1		1	71						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1		1								
TOTAL DEP.		19		19									
TOTAL CLAIMS		20											